

Reformation Orthodox Presbyterian Church

11556 East University Drive, Apache Junction, AZ 85120 | www.reformationopcaz.org

Biblical Counseling: Information and Consent

What is Biblical Counseling?

Biblical counseling is a form of spiritual care which provides analysis, understanding, instruction, and encouragement from God's word for the various spiritual, social, emotional, and behavioral needs of human beings, especially believers in Jesus Christ. Biblical counseling uses the Bible – God's inspired and infallible revelation – to understand and address the problems people face. We believe God's word is a sufficient and authoritative revelation for counseling, teaching, correcting, and encouraging those with spiritual, social, emotional, and behavioral issues.

Instructions for the Counselee(s)

In order to best serve you we will need some preliminary information. In addition to this consent form, you will be given a Personal Data Inventory form (PDI) on which to record the necessary background information that will make our sessions more efficient and allow us to better understand your story and concerns. Please take the time to complete the PDI and return it to us, preferably before your first session. The PDI will only be read by the biblical counselors and/or pastor(s) involved in your care, and the information contained in it will be kept strictly confidential.

Information about Our Counseling Methods

- 1) *Diagnostic Tools* – We use forms and various resources such as the PDI, homework journals, and questionnaires to better understand the core issues in our counselees' lives.
- 2) *Listening & Dialogue* – We encourage counselees to speak openly but appropriately about the thoughts, feelings, and problems they are facing. This does not mean merely complaining about people or circumstances, but it does mean openly and constructively discussing them. Sometimes the counselor may ask a counselee to elaborate on a particular issue. Other times the counselor may ask the counselee to move along, discuss a different issue, or modify the way they are speaking about a particular person or circumstance.
- 3) *Team Counseling* – Sometimes counseling will involve more than one counselor, especially in marital counseling. Sometimes a new counselor may be invited to observe the counseling session with the counselee's consent.
- 4) *Homework* – Specific assignments will be given in most counseling sessions. This is to aid the counselee's progress and provides helpful feedback for the counselor. Homework may include Bible reading, prayer, Scripture memorization, viewing a video, or keeping a journal. No homework will be assigned that is beyond the counselee's ability.
- 5) *Accountability* – Our counselees' time is valuable, and so is our counselors' time. Sometimes an appointment cannot be kept or an assignment cannot be completed, but we expect counselees, like their counselors, to take the commitment and involvement in counseling seriously.
- 6) *Confidentiality* – We take confidentiality seriously. Your name and personal information will not be shared outside of your assigned counselor(s) and/or the pastor and elders of ROPC (if you are a member of the church). There are limits, however, to this confidentiality. Our counselors abide by all legal requirements for reporting criminal behavior, specifically and especially violent or sexual offenses against minors. Also if you are a member of a church and continue in unrepentance after counseling, this information may be shared with your elders to aid them in pursuing church discipline for the sake of your soul.

How Long Does Counseling Take?

Sessions are generally 45-90 minutes long. Some cases may only require one session. Others may require many sessions over an extended period of time. We encourage you to participate in at least three weekly sessions before deciding to discontinue biblical counseling. Counsees are free to leave or discontinue their biblical counseling at any time, including during a session.

How Much Does It Cost?

Currently Reformation OPC does not charge for biblical counseling. If you wish to do so, a donation can be made online for counseling services through our website: www.reformationopcaz.org. We suggest \$50/per session as a guideline for donations. Please indicate that your donation is for the counseling ministry.

Confidentiality

We are careful to protect the confidentiality of our counsees within biblical, legal, and ethical guidelines. We have a legal duty to report certain criminal behaviors, specifically those involving violent and/or sexual crimes or crimes against children. We also respect the proper exercise of church discipline and will work with your church elders in evaluating the need for ecclesiastical censure should you prove unresponsive to counseling.

The details of a particular counselee's problems will only be shared among the counselors who are involved and those who may be advising the counselor(s) on the case. Even when information is discussed in consultation with other counselors or pastors, confidentiality regarding personal details will be maintained. If a counselor determines he/she has a biblical, legal, or ethical duty to report information provided in counseling, the counselee will be personally notified.

Waiver of Liability

The undersigned, seeking biblical counseling as practiced by our ministry, a non-profit religious organization, hereby acknowledges his or her understanding of the following conditions and further releases this ministry, its agents, counselors, and employees, from any liability or claim arising from the undersigned's participation in the above-mentioned biblical counseling program:

- 1) It is understood by the participant counselee that all biblical counseling will be provided by supervised counselors who counsel based upon their understanding of Scripture, not as licensed therapists;
- 2) That all counseling provided in the biblical counseling program is provided in accordance with the biblical principles adhered to by this ministry and are not necessarily provided in adherence to any local or national psychological or psychiatric association;
- 3) That no representation has been made, either expressly or implied, that the biblical counseling as described above is accepted as customary psychological and/or psychiatric therapy within the definitional terms utilized by those professions.
- 4) Certain statements may not be protected as privileged communications under law.

I agree and understand that all of the counseling I receive through this ministry will be based on the counselor's understanding of the Bible and its practical application. I am consenting to receive counseling from this ministry with full knowledge that biblical counselors believe and teach the authority of the Scriptures.

I hereby agree to the following conditions:

- I am committed to resolving my problems by coming into obedience to the Word of God.
- I will do the assigned weekly homework. If I do not, I understand the session may be cancelled or postponed until the assignment is completed at the counselor's discretion.
- I will attend church each Sunday while I am in counseling.
- I understand that confidentiality cannot be absolutely guaranteed under the conditions indicated above.
- I will keep the appointment time or will call to cancel or reschedule with a legitimate reason. Three cancellations without prior notice will forfeit further counseling at the counselor's discretion.
- If I am unhappy in any way with the counseling, I will first discuss it with my counselor, then with my counselor and his or her supervisor, and then appeal it to the Elders of Reformation OPC.
- Sessions may be terminated at any time by the counselee or counselor.

Please type your name on both the Signature & Printed Name lines below to acknowledge & affirm the above Waiver of Liability & Conditions

Signature

Date

Printed Name

Reformation OPC

11556 East University Drive, Mesa, AZ | <https://www.reformationopcaz.org/>

PERSONAL DATA INVENTORY FORM

Basic Contact Information (Part 1 of 6)

First Name:

Last Name:

Phone Number:

Address:

Military:

Branch (if applicable):

Occupation:

Email Address:

Age:

Date of Birth:

Gender:

Marital Status:

Education:

The Reason for Seeking Counseling (Part 2 of 6)

Please describe the current problem:

What have you done about it?

What are your expectations in coming here?

What led you to seek help now?

As you see yourself, what kind of person are you?

Is there any other information we should know?

Your Spiritual Life (Part 3 of 6)

Denomination:

Church Name:

Church Address:

Pastor's Name:

Frequency of Attendance:

Are you a member? If yes, how long?

Church attended in childhood:

What are you learning through the sermons, messages, and Bible studies at your church?

Please list ministry involvement:

Do you pray to God?

What do you pray about?

Have you come to a place in your spiritual life where you know with certainty that if you were to die tonight you would go to heaven?

What is your basis for answering the question above?

Have you received Jesus Christ personally as your savior?

If yes, answer these questions below

When?

How do you know that Jesus Christ is your Savior?

What changes took place in your life when you became a believer?

Have you told your household/family members about receiving Jesus as your Savior?

If yes, who have you told?

Do you read the Bible?

Do you have personal devotions?

Describe your personal devotions:

Do you have family devotions?

Explain any recent changes in your spiritual life:

Prior Counseling (Part 4 of 6)

Have you had counseling before?

May we contact your counselor(s)?

Counselor Name(s) & Dates: To-From

Medication Outcome and Diagnosis Prescribed:

Personal Habits and Health (Part 5 of 6)

Approximately how many hours of sleep do you get each night?

When do you normally go to bed?

When do you normally fall asleep?

When do you normally wake up?

When do you normally get out of bed?

If there is a length of time between going to bed and falling asleep, what do you do during that time?

If there is a length of time between waking up and getting out of bed, what do you do during that time?

Describe any recent changes in sleep habits:

State of health:

Date of last medical examination (ex: MM/DD/YYYY):

Results:

Physicians Name:

Address:

Are you presently taking medications?

List any medications:

Have you used drugs for other than medical purposes?

What drugs have you used?

Do you drink alcoholic beverages?

Have you been arrested? If so, what was the outcome?

Have you ever had a severe emotional upset?

List all important present or past illnesses, injuries or handicaps:

Consent for release of Medical Records:

Marriage and Family (Part 6 of 6)

Name of spouse:

Spouse's address:

Spouse's Phone:

Spouse's Occupation:

Spouse's age:

Spouse's Education:

Spouse's Religion:

Is spouse willing to come with you?

Are you currently separated?

How long?

Have you ever been separated in the current marriage?

Number of Times:

Has either of you ever filed for divorce?

If yes, when and who?

Date of marriage:

Your age when married:

Spouse's age when married:

How long did you know your spouse before marriage?

Estimate length of steady dating with your current spouse:

Length of engagement:

Have you been married before?:

If yes, how many times?:

If you or your spouse were married before, how did the marriage(s) end?:

Children's information:

If you were raised by anyone other than your parents, briefly explain:

Brothers and Sisters: